Effective January 1, 2003 1 09/899/82														2
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT														· ·
TOTAL CLAIMS									RA	TE	FEE].	RATE	FEE
FOR					NUMBER FILED		NUMBER EXTRA		BASI	FEE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS				18	minus 20=				X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					minus 3 =				X4	 2=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P					RESENT					0=		1	+280=	
* If the difference in column 1 is					less than z	ero, enter	"0" in c	" in column 2				OR	TOTAL	
									TO	AL		OR	OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NG		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*			Minus	##		=	X\$	9=		OR	X\$18=	
AME	Independent *				Minus	***	- 01 4114	-	X4	2=		OR	X84=	
	FIRST PRESENTATION OF M				JETIPLE DEPENDENT CLAIM				+14	0=		OR	+280=	
	0.0							ADDIT	OTAL FFE	•	OR	TOTAL ADDIT. FEE		
		1)		, , ,										
DMENT B		RE	CLAIMS MAINII AFTER ENDME	NG I .		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• _	33.	5	Minus	3	35	= <->	X\$	9=	Ser I De	OP.	X\$18=	44000
AME	Independent	ent * / 6 ESENTATION OF M			Minus	444	G Alla	-	X4	2=		OR	X84=	
-	FIRST PRESE	MIAI		r ML	JETIPLE DE	CINUCINI	CLAIM		+14	0=		OR	+280=	
									ADDIT	OTAL FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	and the second	RE	CLAIMS MAINII AFTER ENDMI	S NG		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE	/	RATE '	ADDI- TIONAL FEE
	Total	12	3	P	Minus	"2	33	<u>-</u> 4	X\$	9=		OR	100	200
	Independent		(Minus	***		= //	X4:	2=		OR	X84=	
L	FIRST PRESE	NTAT	TON O	F MU	JLTIPLE DE	PENDENT	CLAIM		+14	0=		OR	+280=	,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													200	
***	If the "Highest Nu The "Highest Nurr	mher l	Province	siv Pa	ald For' IN TH	IS SPACE I	s less the	ın 3. enter "3."		.1	propriate bo			

Application or Docket Number